

Certification Request Form

Current Name:	VU ID number:000	
Former Name:	Birthdate:	
Email Address:	Phone:	
Please select letter type:		
Enrollment Verification (current semes Enrollment Verification (all semesters)	is a sected and (section)	iree
Please include an additional statemen	that:	
The student is in good academic stand The student has met the requirements Other, please list:	-	
Please send letter by email or fax to to	ne address below:	
Name or Agency:		
Email Address:	Fax Number:	
Or, please mail letter to the address b	elow:	
Name or Agency:		
Street Address Line 1:		
Street Address Line 2:		
City:	State Zip Code: Country:	
	tain your legal signature to authorize the release by FERPA. I authorize Vanderbilt University to formation above.	
Signature:	Date:	_
(Signature cannot be typed a	nd must be hand-written)	
Please send via email to:	Or mail to:	
transcripts@vanderbilt.edu	Office of the University Registrar	
	Vanderbilt University PMB 407701	

Nashville TN 37240-7701